

NOTICE TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts:

This document gives the person you designate as the attorney in fact (your agent) the power to make health care decisions for you. This power exists only as to those health care decisions to which you are unable to give informed consent. The attorney in fact must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

The document gives your agent authority to consent, to refuse to consent or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any statement of your desires and any limitations that you include in this document. You may state in this document any types of treatment you do not desire.

In addition, a court can take away the power of your agent to make health care decisions for you if your agent (a) authorizes anything that is illegal, (b) acts contrary to your known desires, or (c) where your desires are not known, does anything that is clearly contrary to your best interests.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital or other health care provider in writing of the revocation.

Your agent has the right to examine your medical records and to consent to this disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (a) authorize an autopsy, (b) donate your body or parts thereof for transplant or for educational, therapeutic or scientific purposes, and (c) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask your lawyer to explain it to you.

This power of attorney will not be valid for making health care decision unless it is either (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature or (b) acknowledged before a notary public in the state.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, Roscoe Wilson, of 1402 Wetonga Lane, Hernando, Mississippi, whose Social Security No. is 413-14-9026, hereby appoint William Roscoe Wilson, of 1402 Wetonga Lane, Hernando, Mississippi, whose Social Security No. is 413-60-5811, Home Telephone No. 601-429-5173, Work Telephone No. 601-429-5173, as my attorney in fact to make health care decisions for me in the event I become unable to give informed consent with respect to a given health care decision.

Subject to my special instructions below, this document gives my attorney in fact the full power to make health care decisions for me, before or after my death, to the same extent I could make decisions for myself and to the full extent permitted by law, including power to grant, refuse or withdraw consent on my behalf for any health care service, to make a disposition under the state's anatomical gift act, to authorize an autopsy, and to direct the disposition of remains. My attorney in fact also has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions, and also the power provided in Sections 41-41-101 through 41-41-121, Mississippi Code of 1972, as now enacted or hereafter amended, being the statutes governing the withdrawal of life-saving mechanisms.

Special instructions NONE

If the person named as my attorney in fact is not available or is unable to act as my attorney in fact, I appoint the following person to serve in his or her place.

LINDA B. WILSON

Name

1402 WETONGA LANE, HERNANDO, MISSISSIPPI 38632

Home Address

601-429-5173

Work Telephone Number

601-429-5173

Home Telephone Number

By my signature I do hereby indicate that I understand the purpose and effect of this document.

HIS X MARK
ROSCOE WILSON

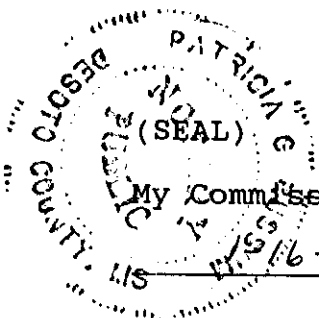
DATE: 3-16-98

STATE OF MISSISSIPPI

COUNTY OF DESOTO

On this the 16th day of March, 1998, before me, a Notary Public, appeared Roscoe Wilson, personally known to me (or proved to me on basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Patricia L. Bussan
Notary Public



My Commission Expires: 3-16-99

PREPARED BY: Law Offices of A. Cinclair May
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Hernando, MS 38632
601-429-5038

STATE MS.-DESOTO CO. PK
FILED

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W.E. DAVIS CH. CLK.